

FORM LM-30  
LABOR ORGANIZATION OFFICER AND  
EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

E AUG 17 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11866	2. Fiscal Year Covered From: 01 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing. Name Joyce F. Hurley P.O. Box, Bldg., Room No., if any Street 1119 1/2 Ave NE City Minneapolis State MN ZIP Code + 4 55421	4. Name, file number, and address of labor organization. Name Graphic Communications International Union Local 178 Labor Organization File Number 514008 P.O. Box, Building and Room Number, if any Street 2223 Central Ave NE City Minneapolis State MN ZIP Code + 4 55418
5. Position in labor organization. President Retired 1-13-85 Local Trustees Pension Fund	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Joyce F. Hurley

On

8-15-05  
Date

763-781-6001  
Telephone Number

Name of Person Filing <u>Joyce F. Hurdley</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;">b. Trust</p> <p style="margin-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <hr/> <p>11.b. Approximate dollar value of such dealing.</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <hr/> <p>12.b. Amount.</p> <hr/>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p style="font-size: 1.2em; margin-left: 20px;"><u>air Hotel, meal Expense</u></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="font-size: 1.2em; margin-left: 20px;"><u>10,261.00</u></p>

Name of Person Filing	Joyce F. Hurley	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><u>b. Trust</u></p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>11.a. Nature of such dealing</p> <p>11.b. Approximate dollar value of such dealing</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
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Name of Person Filing <b>Joyce F. Hurler</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><u>b. Trust</u></p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <b>The Northern Trust Co</b></p> <p>Trade Name, if any: <b>Northern Quantitative Adv. Sols</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>181 W. Madison</b></p> <p>City <b>Chicago</b></p> <p>State <b>IL</b></p> <p>ZIP Code + 4 <b>60602</b></p>	<p>11.a. Nature of such dealing.</p> <p><b>Pension lunch for Trustees</b></p> <p><b>148,882.00</b></p> <p>11.b. Approximate dollar value of such dealing. <del>148,882.00</del></p> <p>12.a. Nature of interest held or income received.</p> <p><b>Hold Pension Investment</b></p> <p>12.b. Amount. <b>67.00</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <b>Inter local Pension and</b></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>345 Kenos Bldg Ste 100</b></p> <p>City <b>Carol Stream</b></p> <p>State <b>IL</b></p> <p>ZIP Code + 4 <b>60185</b></p>	<p>14.a. Nature of payment.</p> <p><b>Trustee Air, Hotel, meal Expense</b></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p><b>10,261.00</b></p>

Name of Person Filing <u>Joyce Hurley</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State</p> <p>ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><u>b. Trust</u></p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Capital Guardian Trust Co</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>Bank One Plaza</u></p> <p>City <u>211 S CLARK ST STE 2544</u></p> <p>State <u>Chicago</u></p> <p>State <u>IL</u></p> <p>ZIP Code + 4 <u>60637</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Pension Business</u></p> <p>283,588.00</p> <p>11.b. Approximate dollar value of such dealing. <u>283,588.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>DA</u></p> <p>64,100</p> <p>12.b. Amount. <u>283,588.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Interlocal Pension Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>455 Kehoe Blvd STE 100</u></p> <p>City <u>Carol Stream</u></p> <p>State <u>IL</u></p> <p>ZIP Code + 4 <u>60188</u></p>	<p>14.a. Nature of payment.</p> <p><u>Pension AIR - HOTEL meal Expense.</u></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p><u>10,261.00</u></p>

Name of Person Filing <u>Soyce Hurdle Jr</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><u>b. Trust</u></p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u><del>James</del> Charles Townsend</u></p> <p>Trade Name, if any:</p> <p><u>Partners</u></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <u>1235 West Lakes Dr Ste 100</u></p> <p>City <u>Berwyn</u></p> <p>State <u>Pa</u> ZIP Code + 4 <u>19312-2416</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>Dinner for Trustees</u></p> <p>11.b. Approximate dollar value of such dealing. <u>192,966.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>Hold Fund for Pension</u></p> <p>12.b. Amount. <u>50.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Total Local Pension Fund</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p><u>345 Kenoe Blvd Ste 100</u></p> <p>Street</p> <p>City <u>Carol Stream</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60188</u></p>	<p>14.a. Nature of payment.</p> <p><u>Dinner meal for Hotel meal Expns</u></p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p><u>10,261.00</u></p>